

| POSITION                  | INITIALS                   | ID NO. | DATE   |
|---------------------------|----------------------------|--------|--------|
| FEE DETERMINATION         | Sm                         |        | 5/3/00 |
| O.I.P.E. CLASSIFIER       | <b>BEST AVAILABLE COPY</b> |        |        |
| FORMALITY REVIEW          |                            |        |        |
| RESPONSE FORMALITY REVIEW | CM                         | 71632  | CC     |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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